MICS

QUESTIONNAIRE FOR INDIVIDUAL WOMEN
MULTIPLE INDICATOR CLUSTER SURVEY, YEMEN 2022-2023

WOMAN'S INFORMATION PANEL	WM
WM1. *Cluster number:* ___ ___ ___ ___	**WM2**. *Household number:* ___ ___
WM3. *Woman's name and line number:* NAME _____ ___ ___	**WM4**. *Team Leader/Supervisor's name and number:* NAME _____ ___ ___ ___
WM5. *Interviewer's name and number:* NAME _____ ___ ___ ___	**WM6**. *Day / Month / Year of interview:* ___ ___ / ___ ___ / _2_ _0_ _ ___

Check woman's age in HL6 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE: If age 15-17, verify in HH33 that adult consent for interview is obtained or not necessary (HL20=90). If consent is needed and not obtained, the interview must not commence and '06' should be recorded in WM17.	**WM7**. *Record the time:* HOURS : MINUTES ___ ___ : ___ ___

WM8. *Check completed questionnaires in this household: Have you or another member of your team interviewed this respondent for another questionnaire?*	YES, INTERVIEWED ALREADY ....1 NO, FIRST INTERVIEW 2	1⇨*WM9B* 2⇨*WM9A*
WM9A. Hello, my name is (***your name***). We are from Central Statistical Organization. We are conducting a survey about the situation of children, families and households. I would like to talk to you about your health and other topics. This interview usually takes about _____ minutes. We are also interviewing mothers about their children. All the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	**WM9B**. Now I would like to talk to you about your health and other topics in more detail. This interview will take about _____ minutes. Again, all the information we obtain will remain strictly confidential and anonymous. If you wish not to answer a question or wish to stop the interview, please let me know. May I start now?	
YES...1 *NO / NOT ASKED*..................................2	1⇨*WOMAN'S BACKGROUND Module* 2⇨*WM17*	

WM17. *Result of woman's interview.* *Discuss any result not completed with Supervisor.*	COMPLETED...01 NOT AT HOME ....02 REFUSED...03 PARTLY COMPLETED ....04 INCAPACITATED (*specify*) _____ 05 NO ADULT CONSENT FOR RESPONDENT AGE 15-17 ....06 OTHER (*specify*)_____ 96

WOMAN'S BACKGROUND		WB
WB1. *Check the respondent's line number (WM3) in WOMAN'S INFORMATION PANEL and the respondent to the HOUSEHOLD QUESTIONNAIRE (HH47):*	WM3=HH47 ....1 WM3≠HH47 2	2⇨WB3
WB2. *Check ED5 in EDUCATION Module in the HOUSEHOLD QUESTIONNAIRE for this respondent: Highest level of school attended:*	ED5=2, 3 OR 4...1 ED5=0, 1, 8 OR BLANK 2	1⇨*WB15* 2⇨*WB14*

WB3. In what month and year were you born?	DATE OF BIRTH
	   MONTH ....__ __
	   DK MONTH..98
	
	   YEAR ....__ __ __ __
	   DK YEAR 9998	

WB4. How old are you? *Probe:* How old were you at your last birthday? *If responses to WB3 and WB4 are inconsistent, probe further and correct. Age must be recorded.*	AGE (IN COMPLETED YEARS) ....__ __	
WB5. Have you ever attended school or any early childhood education programme?	YES ....1 NO 2	2⇨*WB14*
WB6. What is the highest level and grade or year of school you have attended?	EARLY CHILDHOOD EDUCATION ....000 FUNDAMENTAL...................................**1** __ __ SECONDARY……………………………**3** __ __ HIGHER ....**4** __ __	000⇨*WB14*
WB7. Did you complete that (grade/year)?	YES ....1 NO 2	
WB8. *Check WB4: Age of respondent:*	AGE 15-24 ....1 AGE 25-49 2	2⇨WB13
WB9. At any time during the current school year (2021-2022 session) did you attend school?	YES ....1 NO 2	2⇨*WB11*
WB10. During this current school year (2021-2022 session), which level and grade or year are you <u>attending</u>?	FUNDAMENTAL...................................**1** __ __ SECONDARY.......................................**3** __ __ HIGHER ....**4** __ __	
WB11. At any time during the previous school year (2020-2021 session) did you attend school?	YES ....1 NO 2	2⇨*WB13*
WB12. During that previous school year (2020-2021 session), which level and grade or year did you <u>attend</u>?	FUNDAMENTAL...................................**1** __ __ SECONDARY.......................................**3** __ __ HIGHER ....**4** __ __	
WB13. *Check WB6: Highest level of school attended:*	WB6=2, 3 OR 4..1 WB6=1 2	1⇨*WB15*

WB14. Now I would like you to read this sentence to me.
 	
Show sentence on the card to the respondent.
 	
If respondent cannot read whole sentence, probe: Can you read part of the sentence to me?
	CANNOT READ AT ALL 1
	ABLE TO READ ONLY PARTS
	  OF SENTENCE...2
	ABLE TO READ WHOLE SENTENCE................3
	NO SENTENCE IN REQUIRED LANGUAGE /
	  BRAILLE
	  (*specify language*) _____4	

WB15. How long have you been continuously living in (*name of current city, town or village of residence*)? *If less than one year, record '00' years.*	YEARS .... __ __ ALWAYS / SINCE BIRTH 95	95 ⇨*WB18*
WB16. Just before you moved here, did you live in a city, in a town, or in a rural area? *Probe to identify the type of place.* <ins>*If unable to determine whether the place is a city, a town or a rural area,*</ins> *write the name of the place and then temporarily record '5' until you learn the appropriate category for the response.* _____ *(Name of place)*	CITY...1 TOWN ....2 RURAL AREA..3 UNABLE TO DETERMINE IF CITY/TOWN/RURAL ....5 DK / DON'T REMEMBER 8	
WB17. Before you moved here, in which Governorate did you live in?	GOVERNORATE NAME CODE _____ ___ ___ OUTSIDE OF COUNTRY (*specify*) _____96	
WB18. Are you covered by any health insurance?	YES ....1 NO 2	2 ⇨*End*
WB19. What type of health insurance are you covered by? *Record all mentioned.*	MUTUAL HEALTH ORGANIZATION / COMMUNITY-BASED HEALTH INSURANCE ....A HEALTH INSURANCE THROUGH EMPLOYER...B SOCIAL SECURITY ....C OTHER PRIVATELY PURCHASED COMMERCIAL HEALTH INSURANCE ....D OTHER (*specify*) _____ X	

MARRIAGE		MA
MA1. Are you currently married?	YES, CURRENTLY MARRIED .... 1 NO, NOT MARRIED 3	3⇨MA5
MA2. How old is your husband? *Probe*: How old was your husband on his last birthday?	AGE IN YEARS ....__ __ DK 98	
MA3. Besides yourself, does your husband have any other wives?	YES .... 1 NO 2	2⇨MA7
MA4. How many other wives does he have?	NUMBER..__ __ DK 98	⇨MA7 98⇨MA7
MA5. Have you ever been married?	YES, FORMERLY MARRIED .... 1 NO, NEVER MARRIED 3	1⇨MA6 3⇨AF1
MA6. What is your marital status now: are you widowed, divorced or separated?	WIDOWED.. 1 DIVORCED 2	
MA7. Have you been married only once or more than once?	ONLY ONCE... 1 MORE THAN ONCE 2	1⇨MA8A 2⇨MA8B

MA8A. In what month and year did you start living with your husband?
 	
 MA8B. In what month and year did you start living with your <u>first</u> husband?
	DATE OF (FIRST) UNION
	   MONTH ....__ __
	   DK MONTH 98
	
	   YEAR ....__ __ __ __
	   DK YEAR 9998	

MA9. *Check MA8A/B: Is 'DK YEAR' recorded?*	YES, MA8A/B=9998 .... 1 NO, MA8A/B≠9998... 2	2⇨End
MA10. *Check MA7: Married only once?*	YES, MA7=1.. 1 NO, MA7=2 2	1⇨MA11A 2⇨MA11B
MA11A. How old were you when you started living with your husband? **MA11B**. How old were you when you started living with your <u>first</u> husband?	AGE IN YEARS ....__ __	

FERTILITY/BIRTH HISTORY		CM
CM1. Now I would like to ask about all the births you have had during your life. Have you ever given birth? *This module and the birth history should only include children born alive. Any stillbirths should not be included in response to any question.*	YES ....1 NO 2	2⇨*CM8*
CM2. Do you have any sons or daughters to whom you have given birth who are now living with you?	YES ....1 NO 2	2⇨*CM5*
CM3. How many sons live with you? *If none, record '00'.*	SONS AT HOME.....................................__ __	
CM4. How many daughters live with you? *If none, record '00'.*	DAUGHTERS AT HOME.....................................__ __	
CM5. Do you have any sons or daughters to whom you have given birth who are alive but do not live with you?	YES ....1 NO 2	2⇨*CM8*
CM6. How many sons are alive but do not live with you? *If none, record '00'.*	SONS ELSEWHERE ....__ __	
CM7. How many daughters are alive but do not live with you? *If none, record '00'.*	DAUGHTERS ELSEWHERE ....__ __	
CM8. Have you ever given birth to a boy or girl who was born alive but later died? *If 'No' probe by asking:* I mean, to any baby who cried, who made any movement, sound, or effort to breathe, or who showed any other signs of life even if for a very short time?	YES ....1 NO 2	2⇨*CM11*
CM9. How many boys have died? *If none, record '00'.*	BOYS DEAD ....__ __	
CM10. How many girls have died? *If none, record '00'.*	GIRLS DEAD ....__ __	
CM11. *Sum answers to CM3, CM4, CM6, CM7, CM9 and CM10.*	SUM ....__ __	
CM12. Just to make sure that I have this right, you have had in total (***total number in CM11***) births during your life. Is this correct?	YES ....1 NO 2	1⇨*CM14*
CM13. *Check responses to CM1-CM10 and make corrections as necessary until response in CM12 is 'Yes'.*		
CM14. *Check CM11: How many live births?*	NO LIVE BIRTHS, CM11=00.....................................0 ONE OR MORE LIVE BIRTH, CM11=01 OR MORE................................1	0⇨*End*

FERTILITY/BIRTH HISTORY **BH**

BH0. Now I would like to record the names of all of your births, whether still alive or not, starting with the first one you had.

Record names of all of the births in BH1. Record twins and triplets on separate lines.

BH0. *BH Line Number*	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (*name of birth*) a boy or a girl?		BH4. In what day, month and year was (*name of birth*) born? *Probe*: What is (his/her) birthday?			BH5. Is (*name of birth*) still alive?		BH6. How old was (*name of birth*) at (his/her) last birthday? *Record age in completed years.*	BH7. Is (*name of birth*) living with you?		BH8. *Record household line number of child (from HL1) Record '00' if child is not listed.*	BH9. How old was (*name of birth*) when (he/she) died? *If '1 year', probe:* How many months old was (*name of birth*)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. Were there any other live births between (*name of previous birth*) and (*name of birth*), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
01		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 � *BH9*	__ __	1	2	___ ___ ⇨*Next Birth*	DAYS ....1 MONTHS ..2 YEARS 3	__ __		
02		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
03		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
04		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
05		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
06		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
07		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
08		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜ *BH9*	__ __	1	2	___ ___ ⇨*BH10*	DAYS ....1 MONTHS ..2 YEARS 3	__ __	1 ☜ *Add Birth*	2 ☜ *Next Birth*
09		1	2	1	2	__ __	__ __ __	__ __ __ __	1	2 ☜	__ __	1	2	___ ___	DAYS 1	__ __	1 ☜	2 ☜

BH0. *BH Line Number*	BH1. What name was given to your (first/next) baby?	BH2. Were any of these births twins?		BH3. Is (*name of birth*) a boy or a girl?		BH4. In what day, month and year was (*name of birth*) born? *Probe*: What is (his/her) birthday?			BH5. Is (*name of birth*) still alive?		BH6. How old was (*name of birth*) at (his/her) last birthday? *Record age in completed years.*	BH7. Is (*name of birth*) living with you?		BH8. *Record household line number of child (from HL1)* *Record '00' if child is not listed.*	BH9. How old was (*name of birth*) when (he/she) died? *If '1 year', probe:* How many months old was (*name of birth*)? *Record days if less than 1 month; record months if less than 2 years; or years*		BH10. Were there any other live births between (*name of previous birth*) and (*name of birth*), including any children who died after birth?	
		S	M	B	G	Day	Month	Year	Y	N	Age	Y	N	Line No	Unit	Number	Y	N
10		1	2	1	2	__ __	— —	__ __ __ __	1	2 ↻ BH9	__ __	1	2	__ __ ⇨BH10	DAYS .... 1 MONTHS . 2 YEARS 3	__ __	1 ↻ Add Birth	2 ↻ Next Birth
11		1	2	1	2	__ __	— —	__ __ __ __	1	2 ↻ BH9	— —	1	2	__ __ ⇨BH10	DAYS .... 1 MONTHS . 2 YEARS 3	__ __	1 ↻ Add Birth	2 ↻ Next Birth
12		1	2	1	2	__ __	— —	__ __ __ __	1	2 ↻ BH9	— —	1	2	__ __ ⇨BH10	DAYS .... 1 MONTHS . 2 YEARS 3	__ __	1 ↻ Add Birth	2 ↻ Next Birth
13		1	2	1	2	__ __	— —	__ __ __ __	1	2 ↻ BH9	— —	1	2	__ __ ⇨BH10	DAYS .... 1 MONTHS . 2 YEARS 3	__ __	1 ↻ Add Birth	2 ↻ Next Birth
14		1	2	1	2	__ __	— —	__ __ __ __	1	2 ↻ BH9	— —	1	2	__ __ ⇨BH10	DAYS .... 1 MONTHS . 2 YEARS 3	__ __	1 ↻ Add Birth	2 ↻ Next Birth

BH11. Have you had any live births since the birth of (*name of last birth listed*)?

YES .... 1 1 ⇨*Record birth(s) in Birth History*

NO 2

CM15. *Compare number in CM11 with number of births listed in the birth history above and check:*	NUMBERS ARE THE SAME .... 1 NUMBERS ARE DIFFERENT 2	1⇨*CM17*
CM16. *Probe and reconcile responses in the birth history until response in CM12 is 'Yes'.*		

CM17. *Check BH4: Last birth occurred within the last 2 years, that is, since (**month of interview**) in (**year of interview minus 2**)?*
 	
*If the month of interview and the month of birth are the same, and the year of birth is (**year of interview minus 2**), consider this as a birth within the last 2 years.*
	NO LIVE BIRTHS IN THE LAST
	   2 YEARS 0
	ONE OR MORE LIVE BIRTHS IN
	   THE LAST 2 YEARS 1
		0⇨*End*

CM18. *Copy name of the last child listed in BH1.* *If the child has died, take special care when referring to this child by name in the following modules.*	NAME OF LAST-BORN CHILD _____	

DESIRE FOR LAST BIRTH		DB
DB1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1... 1 NO, CM17=0 OR BLANK 2	2⇨*End*
DB2. When you got pregnant with (*name*), did you want to get pregnant at that time?	YES .... 1 NO.. 2	1⇨*End*
DB3. *Check CM11: Number of births:*	ONLY 1 BIRTH.. 1 2 OR MORE BIRTHS 2	1⇨*DB4A* 2⇨*DB4B*
DB4A. Did you want to have a baby later on, or did you not want any children? **DB4B**. Did you want to have a baby later on, or did you not want any more children?	LATER... 1 NO MORE / NONE 2	

MATERNAL AND NEWBORN HEALTH		MN
MN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1 ....1 NO, CM17=0 OR BLANK 2	2⇨*End*
MN2. Did you see anyone for antenatal care during your pregnancy with (***name***)?	YES ....1 NO 2	2⇨*MN7*

MN3. Whom did you see?
 	
Probe: Anyone else?
 	
Probe for the type of person seen and record all answers given.
	HEALTH PROFESSIONAL
	    DOCTOR...A
	    NURSE / MIDWIFE ....B
	    ASSISTANT DOCTOR C
	OTHER PERSON
	    TRADITIONAL BIRTH ATTENDANT .... F
	    COMMUNITY HEALTH WORKER ....G
	
	OTHER (*specify*) _____X	

MN4. How many weeks or months pregnant were you when you first received antenatal care for this pregnancy? *Record the answer as stated by respondent. If "9 months" or later, record 9.*	WEEKS ....**1** __ __ MONTHS ....**2** <u>0</u> __ DK 998	
MN5. How many times did you receive antenatal care during this pregnancy? *Probe to identify the number of times antenatal care was received. If a range is given, record the minimum number of times antenatal care received.*	NUMBER OF TIMES.........................__ __ DK 98	
MN6. As part of your antenatal care during this pregnancy, were any of the following done at least once: [A] Was your blood pressure measured? [B] Did you give a urine sample? [C] Did you give a blood sample?	YES NO BLOOD PRESSURE ....1 2 URINE SAMPLE ....1 2 BLOOD SAMPLE 1 2	
MN7. Do you have a card or other document with your own immunisations listed? *If yes, ask*: May I see it please? *If a card is presented, use it to assist with answers to the following questions.*	YES (CARD OR OTHER DOCUMENT SEEN) ....1 YES (CARD OR OTHER DOCUMENT NOT SEEN) ....2 NO ....3 DK 8	

MN8. When you were pregnant with (*name*), did you receive any injection in the arm or shoulder to prevent the baby from getting tetanus, that is, convulsions after birth?	YES ....1 NO ....2 DK 8	2⇨*MN11* 8⇨*MN11*
MN9. How many times did you receive this tetanus injection during your pregnancy with (*name*)?	NUMBER OF TIMES ....__ DK 8	 8⇨*MN11*
MN10. *Check MN9: How many tetanus injections during last pregnancy were reported?*	ONLY 1 INJECTION ....1 2 OR MORE INJECTIONS 2	 2⇨*MN16A*
MN11. At any time before your pregnancy with (*name*), did you receive any tetanus injection either to protect yourself or another baby? *Include DTP (Tetanus) vaccinations received as a child if mentioned.*	YES ....1 NO ....2 DK 8	 2⇨*MN16A* 8⇨*MN16A*
MN12. Before your pregnancy with (*name*), how many times did you receive a tetanus injection? *If 7 or more times, record '7'.* *Include DTP (Tetanus) vaccinations received as a child if mentioned.*	NUMBER OF TIMES...__ DK 8	
MN13. *Check MN12: How many tetanus injections before last pregnancy were reported?*	ONLY 1 INJECTION ....1 2 OR MORE INJECTIONS OR DK 2	1⇨*MN14A* 2⇨*MN14B*
MN14A. How many years ago did you receive that tetanus injection **MN14B**. How many years ago did you receive the last of those tetanus injections? *The reference is to the last injection received <u>prior</u> to this pregnancy, as recorded in MN12.* *If less than 1 year, record '00'.*	YEARS AGO .... __ __ DK 98	
MN16A. During the pregnancy with (*name*), did you take any medicine to keep <u>you</u> from getting malaria?	YES ....1 NO ....2 DK 8	 2⇨*MN19* 8⇨*MN19*
MN17A. How many times did you take anti-malaria medicine during your pregnancy with (*name*)?	NUMBER OF TIMES.......................................__ __ DK 98	
MN18A. Did you get the anti-malaria medicine during an antenatal care visit, during another visit to a health facility or at another source?	ANTENATAL VISIT...A ANOTHER FACILITY VISIT...............................B COMMUNITY HEALTH WORKER....................C OTHER SOURCE (*specify*) _____X	

MN19. Who assisted with the delivery of (*name*)?
 	
Probe: Anyone else?
 	
Probe for the type of person assisting and record all answers given.
	HEALTH PROFESSIONAL
	    DOCTOR...A
	    NURSE / MIDWIFE ....B
	    ASSISTANT DOCTOR C
	OTHER PERSON
	    TRADITIONAL BIRTH ATTENDANT ....F
	    COMMUNITY HEALTH WORKER.................G
	    RELATIVE / FRIEND ....H
	
	    OTHER (*specify*) _____X
	    NO ONE...Y	

MN20. Where did you give birth to (*name*)?
 	
Probe to identify the type of place.
 	
If unable to determine whether public or private, write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.
 	
_____
(Name of place)
	HOME
	    RESPONDENT'S HOME.................................. 11
	    OTHER HOME 12
	
	PUBLIC MEDICAL SECTOR
	GOVERNMENT HOSPITAL 21
	GOVERNMENT CLINIC /
	  HEALTH CENTRE 22
	GOVERNMENT HEALTH POST......................23
	OTHER PUBLIC (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	    PRIVATE HOSPITAL 31
	    PRIVATE CLINIC 32
	    PRIVATE MATERNITY HOME 33
	               OTHER PRIVATE MEDICAL
	    (*specify*) _____ 36
	
	DK PUBLIC OR PRIVATE................................ 76
	
	OTHER (*specify*) _____ 96
		11⇨*MN23*
		12⇨*MN23*
		
		96⇨*MN23*

MN21. Was (*name*) delivered by caesarean section? That is, did they cut your belly open to take the baby out?	YES ....1 NO 2	 2⇨*MN23*
MN22. When was the decision made to have the caesarean section? *Probe if necessary:* Was it before or after your labour pains started?	BEFORE LABOUR PAINS....................................1 AFTER LABOUR PAINS 2	

MN23. Immediately after the birth, was (*name*) put directly on the bare skin of your chest? *If necessary, show the picture of skin-to-skin position.*	YES ....1 NO ....2 DK/ DON'T REMEMBER 8	2 ⇨*MN25* 8 ⇨*MN25*
MN24. Before being placed on the bare skin of your chest, was the baby wrapped up?	YES ....1 NO ....2 DK/ DON'T REMEMBER 8	
MN25. Was (*name*) dried or wiped soon after birth?	YES ....1 NO ....2 DK/ DON'T REMEMBER 8	
MN26. How long after the birth was (*name*) bathed for the first time? *If "immediately" or less than 1 hour, record '000'.* *If less than 24 hours, record hours.* *If "1 day" or "next day", probe:* About how many hours after the delivery? *If "24 hours", probe to ensure best estimate of less than 24 hours or 1 day.* *If 24 hours or more, record days.*	IMMEDIATELY/LESS THAN 1 HOUR ....000 HOURS ....**1** __ __ DAYS ....**2** __ __ NEVER BATHED ....997 DK / DON'T REMEMBER 998	
MN27. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 ....1 NO, MN20=11-12 OR 96..2	1 ⇨*MN30*
MN28. What was used to cut the cord?	NEW BLADE ....1 BLADE USED FOR OTHER PURPOSES...............2 SCISSORS ....3 OTHER (*specify*) _____ 6 DK...8	
MN29. Was the instrument used to cut the cord boiled or sterilised prior to use?	YES ....1 NO ....2 DK / DON'T REMEMBER 8	
MN30. After the cord was cut and until it fell off, was anything applied to the cord?	YES ....1 NO ....2 DK / DON'T REMEMBER 8	2 ⇨*MN32* 8 ⇨*MN32*

MN31. What was applied to the cord? *Probe:* Anything else?	CHLORHEXIDINE ....A OTHER ANTISEPTIC (ALCOHOL, SPIRIT, GENTIAN VIOLET).......................................B MUSTARD OIL ....C ASH..D COFFEE POWDER.. F OTHER (*specify*) _____ X DK / DON'T REMEMBER .... Z	
MN32. When (*name*) was born, was (he/she) very large, larger than average, average, smaller than average, or very small?	VERY LARGE...1 LARGER THAN AVERAGE ....2 AVERAGE...3 SMALLER THAN AVERAGE ....4 VERY SMALL ....5 DK 8	
MN33. Was (*name*) weighed at birth?	YES ....1 NO ....2 DK 8	2⇨*MN35* 8⇨*MN35*
MN34. How much did (*name*) weigh? *If a card is available, record weight from card.*	FROM CARD ....**1 (KG)** __ . __ __ __ FROM RECALL ....**2 (KG)** __ . __ __ __ DK 99998	
MN35. Has your menstrual period returned since the birth of (*name*)?	YES ....1 NO 2	
MN36. Did you ever breastfeed (*name*)?	YES ....1 NO 2	2⇨*MN39B*
MN37. How long after birth did you first put (*name*) to the breast? *If less than 1 hour, record '00' hours.* *If less than 24 hours, record hours.* *Otherwise, record days.*	IMMEDIATELY...000 HOURS ....**1** __ __ DAYS ....**2** __ __ DK / DON'T REMEMBER 998	
MN38. In the first three days after delivery, was (*name*) given anything to drink other than breast milk?	YES ....1 NO 2	1⇨*MN39A* 2⇨*End*

MN39A. What was (*name*) given to drink?
 	
   Probe: Anything else?
 	
   'Not given anything to drink' is not a valid response and response category Y cannot be recorded.
 	
MN39B. In the first three days after delivery, what was (*name*) given to drink?
 	
   Probe: Anything else?
 	
'Not given anything to drink' (category Y) can only be recorded if no other response category is recorded.
	MILK (OTHER THAN BREAST MILK) ....A
	PLAIN WATER ....B
	SUGAR OR GLUCOSE WATER C
	GRIPE WATER ....D
	SUGAR-SALT-WATER SOLUTION....................E
	FRUIT JUICE .... F
	INFANT FORMULA..G
	TEA / INFUSIONS / TRADITIONAL HERBAL
	   PREPARATIONS ....H
	HONEY I
	PRESCRIBED MEDICINE ....J
	
	OTHER (*specify*) _____X
	
	NOT GIVEN ANYTHING TO DRINK ....Y

POST-NATAL HEALTH CHECKS		PN
PN1. *Check CM17: Was there a live birth in the last 2 years?* *Copy name of last birth listed in the birth history (CM18) to here and use where indicated:* *Name* _____	YES, CM17=1 .... 1 NO, CM17=0 OR BLANK 2	2⇨End
PN2. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 .... 1 NO, MN20=11-12 OR 96 2	2⇨PN7
PN3. Now I would like to ask you some questions about what happened in the hours and days after the birth of (***name***). You have said that you gave birth in (***name or type of facility in MN20***). How long did you stay there after the delivery? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS ....**1** __ __ DAYS ....**2** __ __ WEEKS ....**3** __ __ DK / DON'T REMEMBER 998	
PN4. I would like to talk to you about checks on (***name***)'s health after delivery – for example, someone examining (***name***), checking the cord, or seeing if (***name***) is ok. Before you left the (***name or type of facility in MN20***), did anyone check on (***name***)'s health?	YES .... 1 NO... 2	
PN5. And what about checks on <u>your</u> health – I mean, someone assessing your health, for example asking questions about your health or examining you? Did anyone check on <u>your</u> health before you left (***name or type or facility in MN20***)?	YES .... 1 NO... 2	
PN6. Now I would like to talk to you about what happened after you left (***name or type of facility in MN20***). Did anyone check on (***name***)'s health after you left (***name or type of facility in MN20***)?	YES .... 1 NO... 2	1⇨PN12 2⇨PN17
PN7. *Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A TO G RECORDED .... 1 NO, NONE OF THE CATEGORIES A TO G RECORDED 2	2⇨PN11

PN8. You have already said that (*person or persons in MN19*) assisted with the birth. Now I would like to talk to you about checks on (*name*)'s health after delivery, for example examining (*name*), checking the cord, or seeing if (*name*) is ok. After the delivery was over and before (*person or persons in MN19*) left you, did (*person or persons in MN19*) check on (*name*)'s health?	YES .... 1 NO 2	
PN9. And did (*person or persons in MN19*) check on <u>your</u> health before leaving, for example asking questions about your health or examining you?	YES .... 1 NO 2	
PN10. After the (*person or persons in MN19*) left you, did anyone check on the health of (*name*)?	YES .... 1 NO 2	1⇨*PN12* 2⇨*PN19*
PN11. I would like to talk to you about checks on (*name*)'s health after delivery – for example, someone examining (*name*), checking the cord, or seeing if the baby is ok. After (*name*) was delivered, did anyone check on (his/her) health?	YES .... 1 NO 2	 2⇨*PN20*
PN12. Did such a check happen only once, or more than once?	ONCE .... 1 MORE THAN ONCE 2	1⇨*PN13A* 2⇨*PN13B*
PN13A. How long after delivery did that check happen? **PN13B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS ....**1** __ __ DAYS...**2** __ __ WEEKS ....**3** __ __ DK / DON'T REMEMBER 998	

PN14. Who checked on (*name*)'s health at that time?	**HEALTH PROFESSIONAL**
	   DOCTOR ....A
	   NURSE / MIDWIFE ....B
	   ASSISTANT DOCTOR C
	OTHER PERSON
	   TRADITIONAL BIRTH ATTENDANT .... F
	   COMMUNITY HEALTH WORKER.................G
	   RELATIVE / FRIEND ....H
	
	OTHER (*specify*) _____X	

PN15. Where did this check take place? *Probe to identify the type of place.* <u>*If unable to determine whether public or private,*</u> *write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.* _____ *(Name of place)*	**HOME** 　RESPONDENT'S HOME .... 11 　OTHER HOME .... 12 **PUBLIC MEDICAL SECTOR** 　GOVERNMENT HOSPITAL .... 21 　GOVERNMENT CLINIC / 　　HEALTH CENTRE .... 22 　GOVERNMENT HEALTH POST ....23 　OTHER PUBLIC (*specify*) _____ 26 **PRIVATE MEDICAL SECTOR** 　PRIVATE HOSPITAL ....31 　PRIVATE CLINIC...32 　PRIVATE MATERNITY HOME ....33 　OTHER PRIVATE MEDICAL 　　(*specify*)_____ 36 DK PUBLIC OR PRIVATE.................................76 OTHER (*specify*) _____ 96	
PN16. *Check MN20: Was the child delivered in a health facility?*	YES, MN20=21-36 OR 76 .... 1 NO, MN20=11-12 OR 96 2	2⇨*PN18*
PN17. After you left (***name or type of facility in MN20***), did anyone check on <u>your</u> health?	YES .... 1 NO 2	1⇨*PN21* 2⇨*PN25*
PN18. *Check MN19: Did a health professional, traditional birth attendant, or community health worker assist with the delivery?*	YES, AT LEAST ONE OF THE CATEGORIES A 　TO G RECORDED .... 1 NO, NONE OF THE CATEGORIES A TO G 　RECORDED 2	 2⇨*PN20*
PN19. After the delivery was over and (***person or persons in MN19***) left, did anyone check on <u>your</u> health?	YES .... 1 NO 2	1⇨*PN21* 2⇨*PN25*
PN20. After the birth of (***name***), did anyone check on <u>your</u> health, for example asking questions about your health or examining you?	YES .... 1 NO 2	 2⇨*PN25*
PN21. Did such a check happen only once, or more than once?	ONCE .... 1 MORE THAN ONCE 2	1⇨*PN22A* 2⇨*PN22B*
PN22A. How long after delivery did that check happen? **PN22B**. How long after delivery did the first of these checks happen? *If less than one day, record hours.* *If less than one week, record days.* *Otherwise, record weeks.*	HOURS .... **1** __ __ DAYS .... **2** __ __ WEEKS .... **3** __ __ DK / DON'T REMEMBER 998	

PN23. Who checked on <u>your</u> health at that time?	**HEALTH PROFESSIONAL**
	    DOCTOR ....A
	    NURSE / MIDWIFE ....B
	    ASSISTANT DOCTOR C
	OTHER PERSON
	    TRADITIONAL BIRTH ATTENDANT .... F
	    COMMUNITY HEALTH WORKER ....G
	    RELATIVE / FRIEND ....H
	
	    OTHER (*specify*) _____X	

PN24. Where did this check take place?
 	
Probe to identify the type of place.
 	
<u>If unable to determine whether public or private,</u> write the name of the place and then temporarily record '76' until you learn the appropriate category for the response.
 	
_____
             (Name of place)
	HOME
	    RESPONDENT'S HOME 11
	    OTHER HOME 12
	
	PUBLIC MEDICAL SECTOR
	    GOVERNMENT HOSPITAL 21
	    GOVERNMENT CLINIC /HEALTH CENTRE 22
	    GOVERNMENT HEALTH POST 23
	    OTHER PUBLIC
	      (*specify*) _____ 26
	
	PRIVATE MEDICAL SECTOR
	    PRIVATE HOSPITAL 31
	    PRIVATE CLINIC... 32
	    PRIVATE MATERNITY HOME 33
	    OTHER PRIVATE
	      MEDICAL (*specify*) _____ 36
	
	    DK PUBLIC OR PRIVATE.................................. 76
	
	    OTHER (*specify*) _____ 96	

PN25. During the first two days after birth, did any health care provider do any of the following either at home or at a facility:
 	
  [A] Examine (*name)*'s cord?
 	
  [B] Take the temperature of (*name*)?
 	
  [C] Counsel you on breastfeeding?
	YES NO DK
	
	EXAMINE THE CORD........................1 2 8
	
	TAKE TEMPERATURE 1 2 8
	
	COUNSEL ON BREASTFEEDING.....1 2 8	

PN26. *Check MN36: Was child ever breastfed?*	YES, MN36=1... 1 NO, MN36=2 2	2⇨*PN28*
PN27. Observe (*name*)'s breastfeeding?	YES NO DK OBSERVE BREASTFEEDING 1 2 8	

PN28. *Check MN33: Was child weighed at birth?*	YES, MN33=1...1 NO, MN33=2 ....2 DK, MN33=8 3	1 ⇨*PN29A* 2 ⇨*PN29B* 3 ⇨*PN29C*
PN29A. You mentioned that (*name)* was weighed at birth. After that, was (*name*) weighed again by a health care provider within two days? **PN29B**. You mentioned that (*name*) was not weighed at birth. Was (*name*) weighed at all by a health care provider within two days after birth? **PN29C**. You mentioned that you do not know if (*name*) was weighed at birth. Was (*name*) weighed at all by a health care provider within two days after birth?	YES ....1 NO 2	
PN30. During the first two days after (*name)*'s birth, did any health care provider give you information on the symptoms that require you to take your sick child to a health facility for care?	YES ....1 NO 2	

ADULT FUNCTIONING		**AF**
AF1. *Check WB4: Age of respondent?*	AGE 15-17 YEARS..1 AGE 18-49 YEARS..2	1 ⇨*End*
AF2. Do you use glasses or contact lenses? *Include the use of glasses for reading.*	YES...1 NO 2	
AF3. Do you use a hearing aid?	YES...1 NO 2	
AF4. I will now ask you about difficulties you may have doing a number of different activities. For each activity there are four possible answers: You may say that you have 1) no difficulty, 2) some difficulty, 3) a lot of difficulty or 4) that you cannot do the activity at all. *Repeat the categories during the individual questions whenever the respondent does not use an answer category:* Remember, the four possible answers are: 1) no difficulty, 2) some difficulty, 3) a lot of difficulty, or 4) that you cannot do the activity at all.		
AF5. *Check AF2: Respondent uses glasses or contact lenses?*	YES, AF2=1 ....1 NO, AF2=2 2	1 ⇨*AF6A* 2 ⇨*AF6B*
AF6A. When using your glasses or contact lenses, do you have difficulty seeing? **AF6B**. Do you have difficulty seeing?	NO DIFFICULTY ....1 SOME DIFFICULTY ....2 A LOT OF DIFFICULTY ....3 CANNOT SEE AT ALL..4	

AF7. *Check AF3: Respondent uses a hearing aid?*	YES, AF3=1 .... 1 NO, AF3=2 2	1 ⇨*AF8A* 2 ⇨*AF8B*
AF8A. When using your hearing aid(s), do you have difficulty hearing? **AF8B**. Do you have difficulty hearing?	NO DIFFICULTY .... 1 SOME DIFFICULTY .... 2 A LOT OF DIFFICULTY .... 3 CANNOT HEAR AT ALL 4	
AF9. Do you have difficulty walking or climbing steps?	NO DIFFICULTY .... 1 SOME DIFFICULTY .... 2 A LOT OF DIFFICULTY .... 3 CANNOT WALK/ CLIMB STEPS AT ALL 4	
AF10. Do you have difficulty remembering or concentrating?	NO DIFFICULTY .... 1 SOME DIFFICULTY .... 2 A LOT OF DIFFICULTY .... 3 CANNOT REMEMBER/ CONCENTRATE AT ALL 4	
AF11. Do you have difficulty with self-care, such as washing all over or dressing?	NO DIFFICULTY .... 1 SOME DIFFICULTY .... 2 A LOT OF DIFFICULTY .... 3 CANNOT CARE FOR SELF AT ALL 4	
AF12. Using your usual language, do you have difficulty communicating, for example understanding or being understood?	NO DIFFICULTY .... 1 SOME DIFFICULTY .... 2 A LOT OF DIFFICULTY 3	
WM10. *Record the time.*	HOURS AND MINUTES .... __ __ : __ __	

WM11. *Was the entire interview completed in private or was there anyone else during the entire interview or part of it?*	YES, THE ENTIRE INTERVIEW WAS
	  COMPLETED IN PRIVATE 1
	
	NO, OTHERS WERE PRESENT DURING
	  THE ENTIRE INTERVIEW
	  (*specify*) _____ 2
	
	NO, OTHERS WERE PRESENT DURING
	  PART OF THE INTERVIEW
	  (*specify*) _____ 3	

WM12. *Language of the Questionnaire.*	ARABIC... 1 ENGLISH... 2 OTHER LANGUAGE 6	
WM13. *Language of the Interview.*	ARABIC... 1 ENGLISH .... 2 OTHER LANGUAGE (*specify*) _____ 6	

WM14. *Native language of the Respondent.*	ARABIC ....1 ENGLISH..2 OTHER LANGUAGE (*specify*) _____ 6	
WM15. *Was a translator used for any parts of this questionnaire?*	YES, THE ENTIRE QUESTIONNAIRE...................1 YES, PARTS OF THE QUESTIONNAIRE ....2 NO, NOT USED..3	

WM16. *Check columns HL10 and HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:*
Is the respondent the mother or caretaker of any child age 0-4 living in this household?

☐ *Yes* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the QUESTIONNAIRE FOR*
CHILDREN UNDER FIVE for that child and start the interview with this respondent.
☐ *No* ⇨ *Check HH26-HH27 in HOUSEHOLD QUESTIONNAIRE: Is there a child age 5-17 selected for*
QUESTIONNAIRE FOR CHILDREN AGE 5-17?

     ☐ *Yes* ⇨ *Check column HL20 in LIST OF HOUSEHOLD MEMBERS, HOUSEHOLD QUESTIONNAIRE:*
Is the respondent the mother or caretaker of the child selected for QUESTIONNAIRE FOR
CHILDREN AGE 5-17 in this household?

         ☐ *Yes* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then go to the*
QUESTIONNAIRE FOR CHILDREN AGE 5-17 for that child and start the interview with
this respondent.
         ☐ *No* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the*
interview with this respondent by thanking her for her cooperation. Check to see if there
are other questionnaires to be administered in this household.

     ☐ *No* ⇨ *Go to WM17 in WOMAN'S INFORMATION PANEL and record '01'. Then end the interview with this*
respondent by thanking her for her cooperation. Check to see if there are other questionnaires to be
administered in this household.

INTERVIEWER'S OBSERVATIONS

SUPERVISOR'S OBSERVATIONS